



Contract Providers Transition Team (CPTT) Meeting Agenda

June 21, 2011
10:00 a.m. – noon

- ✓ **Welcome**
- ✓ **Announcements**
- ✓ **California Telehealth Network (CTN)**
Presentation by Eric Brown, President & CEO
- ✓ **Meaningful Use – Will you be ready?**
Presentation by Gordon Bunch
- ✓ **MHSA IT Proposal and Project Status - Update**
- ✓ **Open Discussion**

Next Meeting – TBD

“To Enrich Lives through Effective and Caring Service”



California Telehealth Network June Update

Eric Brown
President & CEO
6/21/2011



California Telehealth Network

- ▶ A state wide broadband network dedicated to expanding health care access in rural and medically underserved communities
- ▶ Goal to improve clinical outcomes, reduce costs



CTN Consortium Members

- ▶ The Office of the Governor
- ▶ The University of California Office of the President
- ▶ The California Emerging Technology Fund (CETF)
- ▶ The California Health Care Foundation (CHCF)
- ▶ The California State Rural Health Association (CSRHA)
- ▶ California Health & Human Services Agency (CHHSA)
- ▶ The California Primary Care Association (CPCA)



CTN Consortium Members

- ▶ The California Hospital Association (CHA)
- ▶ The California Public Utilities Commission (CPUC)
- ▶ The California Department of Managed Health Care (DMHC)
- ▶ California Business, Transportation and Housing Agency (BTH)
- ▶ The California Telemedicine & eHealth Center (CTEC)
- ▶ University of California Davis Health System
- ▶ The Corporation for Education Network Initiatives in California
- ▶ The California Health Foundation and Trust (CHFT)



FCC Rural Health Care Pilot Program

- ▶ \$22.1 million award – largest single state award pays for 85% of eligible site build out costs
- ▶ \$3.6 million match – California Emerging Technology Fund match for 15% of eligible site build out costs
- ▶ Over \$10 million in additional funding from United Healthcare, National Coalition for Health Integration, California Health Care Foundation, University of California and the California Public Utilities Commission



FCC Rural Health Care Pilot Program California Goals Summarized

- ▶ **Goal 1:** Create a statewide broadband network dedicated to health care with explicit QoS, privacy and security
- ▶ **Goal 2:** Link the California Telehealth Network (CTN) to a national backbone
- ▶ **Goal 3:** Leverage and build upon recent investments in Telehealth
- ▶ **Goal 4:** Utilize CTN for ongoing disaster preparedness training and response



California Telehealth Network

- ▶ Managed network service. Installation, monthly circuit costs, router, network monitoring provided
- ▶ Initially available to over 850 sites that have qualified to participate in the FCC Rural Health Care Pilot Program (RHCPP) eligible sites (public/non-profit)
- ▶ Recent ARRA/BTOP grant award provides core operating expenses and the establishment of 15 Broadband Technology Enabled Model Communities



CTN Benefits

- ▶ Guaranteed Quality of Service reliability, medical grade network
- ▶ CTN data not exposed to the public internet
- ▶ MPLS architecture
- ▶ Encrypted connections to other CTN sites
- ▶ Emphasis on privacy and security
- ▶ Equipment and network monitoring provided by AT&T working with last mile providers
- ▶ Secure connections to support HIE and multiple meaningful use applications



CTN Benefits

- ▶ CENIC connectivity to support internet, educational and workforce development activities
- ▶ Access to all CENIC partners which include all UC Health Centers, Stanford, USC California State Community Colleges, California State University campuses, libraries and others
- ▶ Aligned with key California State agencies:
 - California Department of Health and Human Services
 - Cal eConnect-Health Information Exchange
 - CalHIPSO – EHR/Meaningful Use
 - HITEC-LA – EHR/Meaningful Use, LA County
 - CalOptima – EHR/Meaningful Use, Orange County



CTN Benefits

- ▶ CTN sites will have access to Internet2, National LambdaRail and other national medical/educational/research platforms
- ▶ Partnering with the California Telemedicine and eHealth Center (CTEC) to provide telemedicine training and educational services
- ▶ Continuing Medical Education (CME) services



CTN Current Offerings

- ▶ Multiple circuit speed offerings to accommodate site needs :

<u>Speed</u>	<u>Membership Fee</u>
1.5 Mbps	\$100/month
6.0 Mbps	\$250/month
10.0 Mbps	\$420/month
45.0 Mbps	\$2,000/month

- ▶ Higher speeds available
- ▶ Monthly membership fees based on circuit speed selected

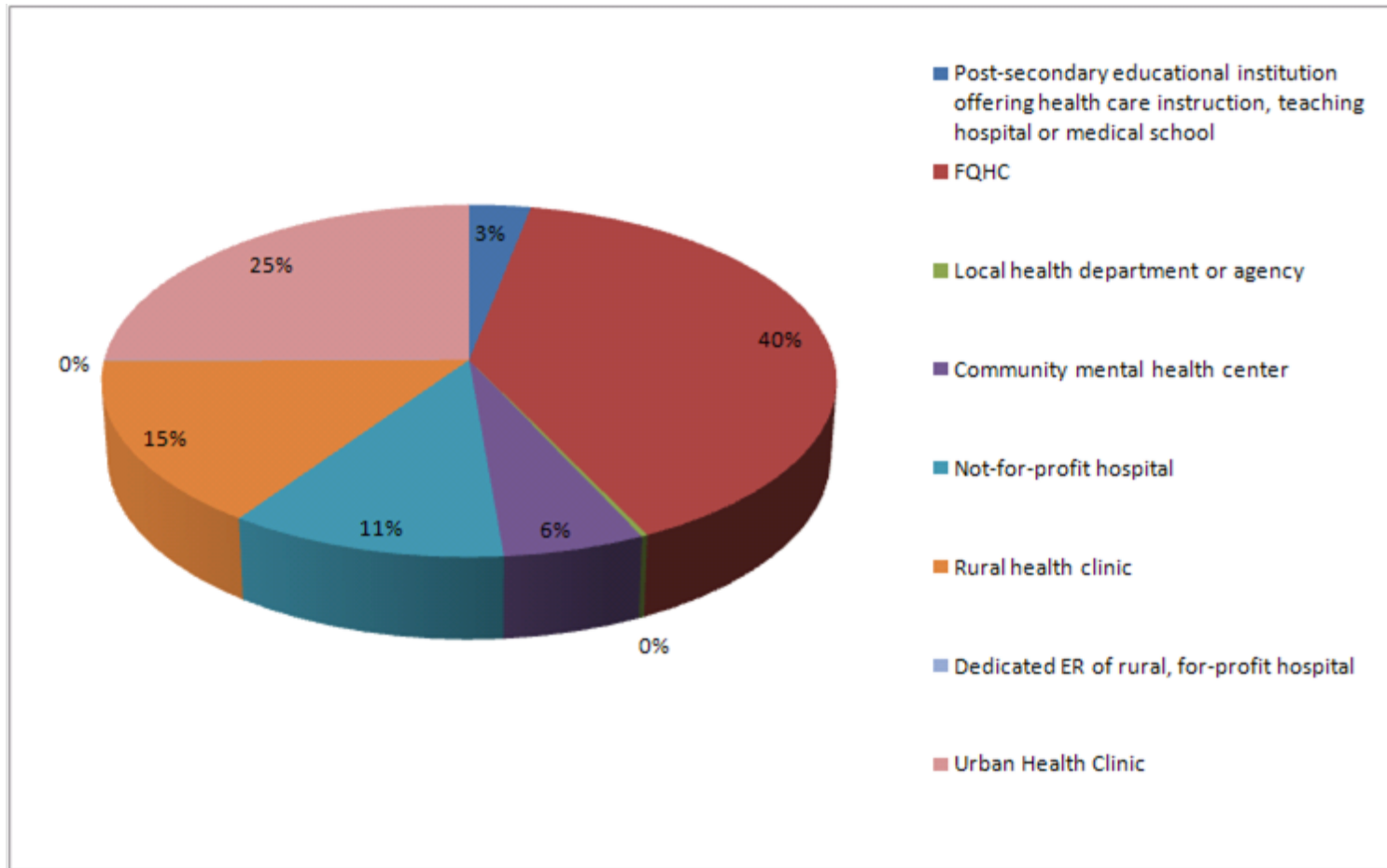


CTN Status

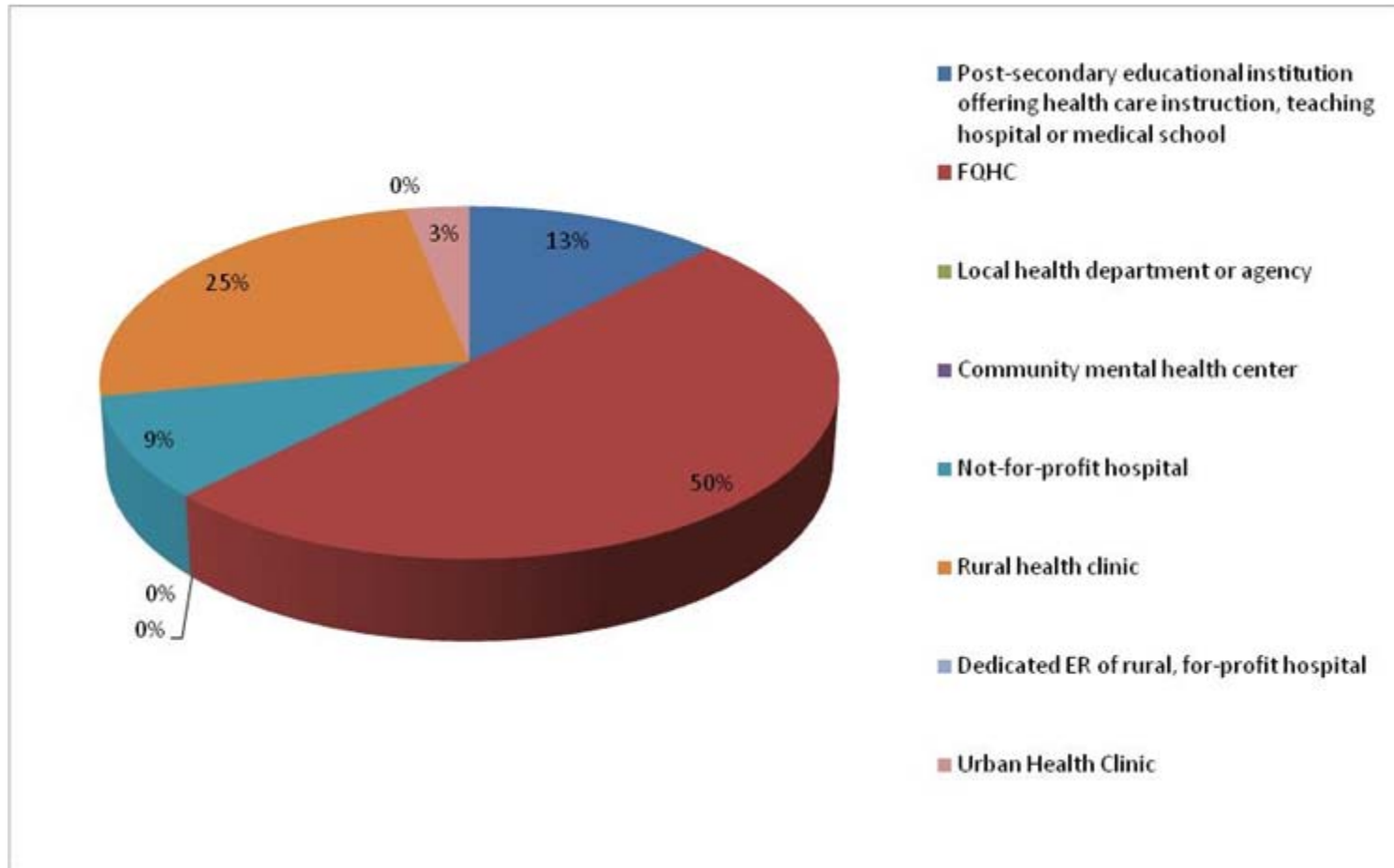
- ▶ Site activations began in December
- ▶ Discussions underway with specialty care providers, eHealth and Health IT technology providers for further development of applications and services
- ▶ Transitioning legal and operational control to an independent 501c3 non-profit corporation

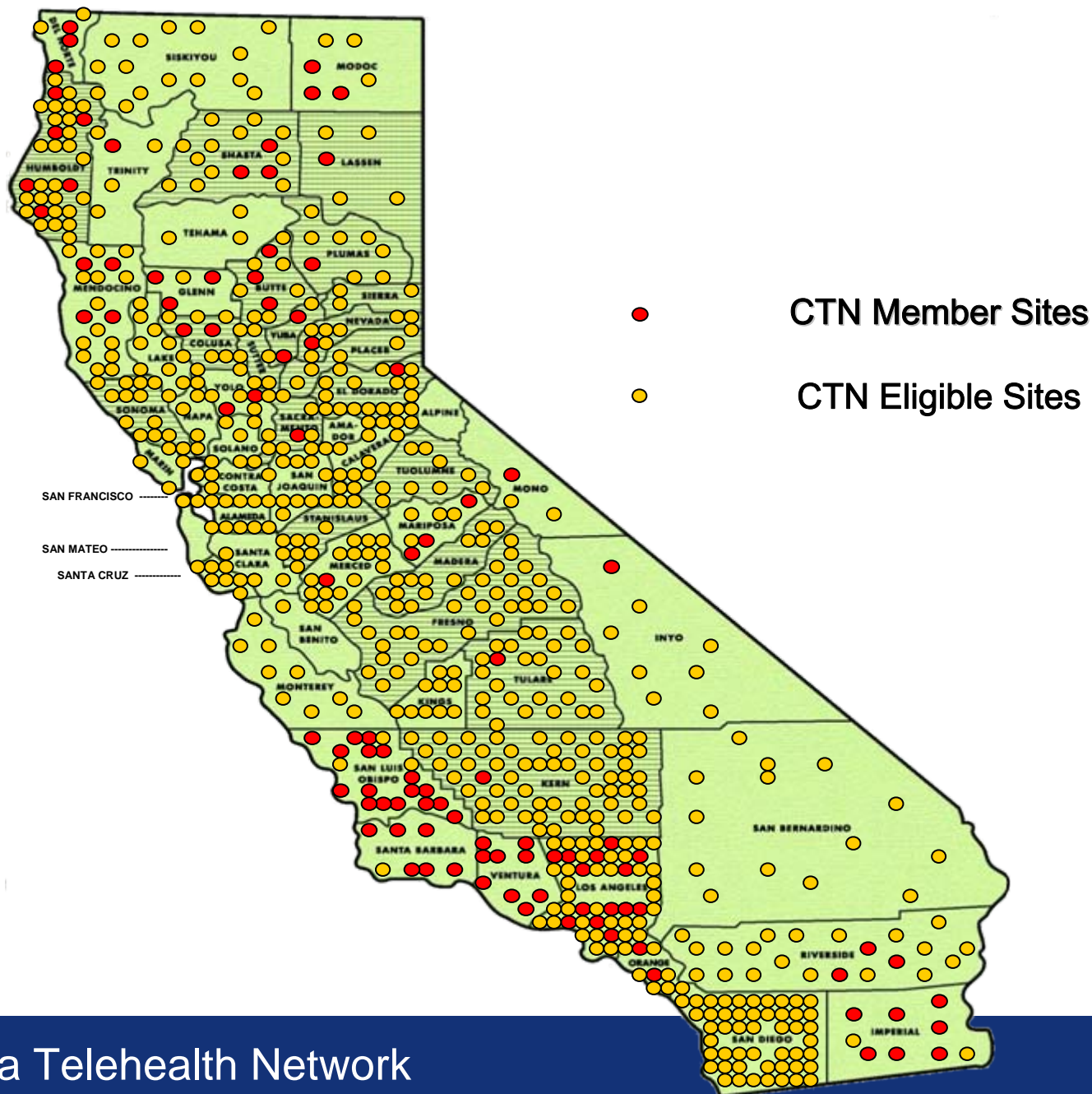


CTN has identified 858* eligible RHCPP sites



Of the 858 eligible RCHPP sites identified, Federally Qualified Health Clinics (FQHC) represent 50% of the first 32 connected





LA County Opportunity

- ▶ Take advantage of CTN broadband connectivity at reduced rates
- ▶ CTN can deploy higher capacity bandwidth to meet your needs
- ▶ Secure medical grade connections to LA County healthcare sites and associated clinics
- ▶ Ideal environment for Health Information Exchange and sharing of other medical information (X Rays, MRI's, Telepharmacy, etc)
- ▶ Access to national disaster preparedness resources (HHS, CDC, NIH)



Contact Information

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Thank You!





Meaningful Use: Will You Be Ready?

CPTT Workgroup - June 21, 2011



"To Enrich Lives Through Effective And Caring Service"

Planning for Meaningful Use

- Presentation Objectives -

- ✓ **Summarize HITECH Act**
- ✓ **Define “Meaningful Use (MU)”**
- ✓ **Outline MU Incentive Programs**
- ✓ **Summarize Registration/Attestation Process**
- ✓ **Review MU Certified EHR Products**
- ✓ **Review MU Core Measures and Reporting**
- ✓ **Present Operational and Business Considerations**
- ✓ **Provide Useful Links**




Background

- **HITECH Act**
 - Included in 2009 ARRA Legislation and established concept of Meaningful Use (MU)
 - Allocates \$27 billion to be distributed as incentives to Eligible Professionals (EPs)
 - Office of the National Coordinator (ONC) responsible for implementing the HITECH Act
 - CMS responsible for developing and administering the MU Medicare and Medicaid incentive programs



What is “Meaningful Use”



Meaningful
Use 101

What is “Meaningful Use”

MU is a series of goals, objectives and measures that enable significant and measureable improvements through a transformed healthcare delivery system.

Five MU goals – 2011:

- Improve quality, safety and efficiency and reduce healthcare disparities
- Engage patient and families in their health care
- Coordinate care
- Raise the health status of the population
- Maintain privacy and security of systems and data



What is “Meaningful Use”

The HITECH Act specifies three main components of meaningful use:

- The use of a certified EHR in a **meaningful manner**
- The use of certified EHR technology for electronic **exchange of health information** to improve quality of care
- The use of certified EHR technology to **submit clinical quality and other measures**



Federal and State Incentives



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Federal and State Incentives

- MU incentives based on attestation of meaningful use of an ONC certified EHR system
- Medicare and Medi-Cal have different incentive programs
- Must elect to participate in only one incentive program during the registration process
- May elect to change from one incentive program to another, but this can only be done once prior to 2015



Federal and State Incentives

- CMS administers the Medicare Incentive Program
- CMS distributes the Medicaid incentive funding to the States
- State administers the Medi-Cal Incentive Program
- State Medi-Cal Program has not been initiated



Payment Schedule: Medi-Cal

Year Paid	MU of EHR starting in year:					
	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750



Payment Schedule: Medicare

Year Paid	MU of EHR starting in year:			
	2011	2012	2013	2014
2011	\$18,000			
2012	\$12,000	\$18,000		
2013	\$8,000	\$12,000	\$15,000	
2014	\$4,000	\$8,000	\$12,000	\$12,000
2015	\$2,000	\$4,000	\$8,000	\$8,000
2016		\$2,000	\$4,000	\$4,000
Total	\$44,000	\$44,000	\$39,000	\$24,000



Payment Schedule: Medicare

Failure To Demonstrate MU by Year:			
2015	2016	2017	2018
Penalty Applied:			
-1%	-2%	-3%	-4%*

Registration

&

Attestation



Registration and Attestation

Medi-Cal

Registration/Attestation with State

Not yet available

Finalizing requirements

Contracted with vendor to build standalone

Registration/Attestation System

Plan to release launch date mid-Summer

Plan to accept registrations in 2011

Plan to accept Adoption, Implementation, and
Upgrade attestations in 2011

Plan to accept full MU attestations in 2012

<http://www.medi-cal.ehr.ca.gov/>





Registration and Attestation

Medicare

Registration/Attestation with CMS

<http://www.cms.gov/EHRIncentivePrograms/>

CMS accepting Registrations and Attestations

Register in Provider Enrollment, Chain and Ownership System (PECOS)

Incentive payments have been paid to Eligible Professionals

Third-party registration/attestation allowed



Registration and Attestation

Medicare

Third-party Registration and Attestation

Third-party must have an Identity and Access Management System (I&A) web user account

Third-party must be associated to the EP's NPI

To create an I&A System web user account go to...

<https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do>



Registration and Attestation

Must have a valid NPI

MediCal: Discipline must be MD, DO, or NP*

Medicare: Discipline must be MD or DO*

Register for NPI via the National Plan and Provider Enumeration System (NPPES)

EP is required to assign incentive payment to a single taxpayer ID number (self or agency)

** S539 Senate Bill to include Behavioral Health disciplines in MU*



Vendor Certification



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Fully Certified Products – Stage 1

Vendor	Product	Version
ClaimTrak	ClaimTrak	9
Defran	Evolv-CS	8.4
ECHO	Clinician's Desktop	8.12
Emdeon	Emdeon Clinician	7.4
Netsmart	Avatar	2011
Netsmart	CMHC/MIS	4.2
Sequest	TIER	7
UniCare	Pro-Filer	2011
Welligent	Welligent	7.5



Modular Certified Products – Stage 1

Vendor	Product	Version
Anasazi	Anasazi Central	3.0.171.0
Askesis	Psych Consult Provider	7.0.1



Meaningful Use Criteria

Core Measures



Core Measures: 3 Stages

- Stage 1 (2011) – current criteria available
- Stage 2 (2013)
 - CMS will finalize Stage 2 rule in mid-2012
 - Health IT Policy Committee recommending delay of Stage 2 to 2014
 - Gives vendors more time to design, develop, and test new functionality required at Stage 2
 - Gives providers more time to deploy Stage 2 certified products and report measures based on Stage 2 requirements
- Stage 3 (2015) – prospective criteria available



Core Measures

Fifteen (15) Core Measures are required

Measures may contain some exclusions depending on the type of medical practice

Other measures such as Menu Measures and Clinical Quality Measures included in MU*

** Not included in this presentation*



Core Measure 1

Objective: Use Computerized Provider Order Entry (CPOE) for medication (med), lab, & imaging orders entered by any licensed healthcare professional who can enter orders in the medical record per applicable guidelines.

Stage 1 Use Measure: >30% of unique patients seen by the EP with ≥ 1 med in their med list have ≥ 1 med order entered using CPOE.

Numerator: No. of patients in denominator that have at least 1 med order entered using CPOE.*

Denominator: No. of unique patients seen by EP with ≥ 1 med in their med list during the reporting period.*

** May select all patient records or only those records maintained in certified EHR*



Core Measure 2

Objective: Implement drug-drug and drug-allergy interaction checks.

Stage 1 Use Measure: The EP has enabled this functionality for the entire EHR reporting period.

Numerator: Not Applicable

Denominator: Not Applicable



Core Measure 3

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Stage 1 Use Measure: >80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Numerator: No. of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

Denominator: No. of unique patients seen by the EP during the EHR reporting period.



Core Measure 4

Objective: Generate and transmit permissible prescriptions (Rx) electronically (eRx).

Stage 1 Use Measure: >40% of all permissible Rx(s) written by the EP are transmitted electronically using certified EHR technology

Numerator: No. of Rx(s) in the denominator generated and transmitted electronically.*

Denominator: No. of Rx(s) written for drugs requiring a Rx in order to be dispensed other than controlled substances during the reporting period.*

** May select all patient records or only those records maintained in certified EHR*



Core Measure 5

Objective: Maintain active medication list

Stage 1 Use Measure: >80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Numerator: No. of patients in the denominator who have ≥ 1 entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Denominator: No. of unique patients seen by the EP during the EHR reporting period.



Core Measure 6

Objective: Maintain active medication allergy list

Stage 1 Use Measure: >80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Numerator: No. of unique patients in the denominator who have ≥ 1 entry (or an indication that the patient has no known allergies) recorded as structured data in their medication allergy list.

Denominator: No. of unique patients seen by the EP during the EHR reporting period.



Core Measure 7

Objective: Record all of the following demographics:
1) Preferred language; 2) Gender; 3) Race;
4) Ethnicity; 5) Date of Birth

Stage 1 Use Measure: >50% of all unique patients seen by the EP have demographics recorded as structured data.

Numerator: No. of patients in denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

Denominator: No. of unique patients seen by the EP during the EHR reporting period.



Core Measure 8

Objective: Record and chart changes in the following vital signs: 1) Height; 2) Weight; 3) Blood Pressure; 4) Body Mass Index (BMI); 5) Plot and display growth charts for children 2-20 years, including BMI.

Stage 1 Use Measure: >50% of all unique patients age 2 and over seen by the EP have height, weight, and blood pressure recorded as structured data.

Numerator: No. of patients in the denominator who have **at least one entry** of their height, weight and BP recorded as structured data.*

Denominator: No. of unique patients age 2 or over seen by the EP during the EHR reporting period.*

** May select all patient records or only those records maintained in certified EHR*



Core Measure 9

Objective: Record smoking status for patients 13 years old or older.

Stage 1 Use Measure: >50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.*

Numerator: No. of patients in the denominator with smoking status recorded as structured data.**

Denominator: No. of unique patients age 13 or older seen by the EP during the EHR reporting period.**

** EP(s) who see no patients 13 or older excluded from requirement*

*** May select all patient records or only those records maintained in certified EHR*



Core Measure 10

Objective: Report ambulatory clinical quality measures to CMS (Medicare) or State (Medi-Cal), as applicable.

Stage 1 Use Measure: Report ambulatory clinical quality measures selected by CMS (Medicare) or State (Medi-Cal) in the manner specified.

For 2011, provide aggregate numerator, denominator, and exclusions through attestation.

For 2012, electronically submit the clinical quality measure as required by CMS or State.

Numerator: Not Applicable

Denominator: Not Applicable



Core Measure 11

Objective: Implement one clinical decision support rules relevant to specialty or high clinical priority along with the ability to track compliance with that rule.

Stage 1 Use Measure: Implement one clinical decision support rule.

Numerator: Not Applicable

Denominator: Not Applicable



Core Measure 12

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.*

Stage 1 Use Measure: >50% of all patients who request an electronic copy of their health information are provided it within 3 business days

Numerator: No. of patients in the denominator who receive an electronic copy of their electronic health information within 3 business days.* *

Denominator: No. of patients of the EP who request an electronic copy of their electronic health information 4 business days prior to the end of the reporting period.* *

** EP(s) with no requests from patients or their agents for an electronic copy of patient information during the reporting period are excluded from requirement.*

*** May select all patient records or only those records maintained in certified EHR*



Core Measure 13

Objective: Provide clinical summaries for patients for each office visit.*

Stage 1 Use Measure: Clinical summaries provided to patients for >50% of all office visits within 3 business days.**

Numerator: No. of office visits in the denominator for which a clinical summary is provided within 3 business days.

Denominator: No. of office visits for the EP during the period.

**EP(s) with no office visits during the reporting period are excluded from requirement*

***May select all patient records or only those records maintained in certified EHR*



Core Measure 14

Objective: Capability to exchange key clinical information (e.g. problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.

Stage 1 Use Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Numerator: Not Applicable

Denominator: Not Applicable



Core Measure 15

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Stage 1 Use Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Numerator: Not Applicable

Denominator: Not Applicable



PLANNING FOR MEANINGFUL USE

Key Operational & Business Considerations



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Assess Your Readiness

Number of potential EP(s)

Employed as agency staff

Do they know about MU?

Has agency set expectations regarding assignment of incentives?

Contractors

Exclusive to your agency?

Contracts with multiple agencies?

Will contract provisions for MU incentives assignment be necessary?



Assess Your Readiness

Agency client mix by payor source?

Agency-wide

By specific EP



Assess Your Readiness

Is agency using an EHR system?

Is product certified (Modular or Complete)?

If not, does vendor have a plan to certify?

If home-grown system, does agency plan to seek certification of the system?



Assess Your Readiness

Are all essential data elements for ongoing MU Attestation/Reporting captured?

Data captured in EHR

Data captured external to EHR

In another software application

Paper Records

Standard forms (electronic or paper)



Assess Your Readiness

Does agency have clearly defined policies and procedures?

Data elements recorded at each encounter (e.g. vital signs, smoking status, etc.)

Response time for requests for copies of medical record

Scheduled Security Risk Analysis

Consistently applied across all locations?



Assess Your Readiness

Does agency have defined workflows?

Who is responsible for capturing data elements at each step in the encounter (e.g. intake, service delivery, lab, medication evaluation)

Training required to ensure staff understand new roles and responsibilities



Assess Your Readiness

Will changes to current business practices be necessary?

What must change?

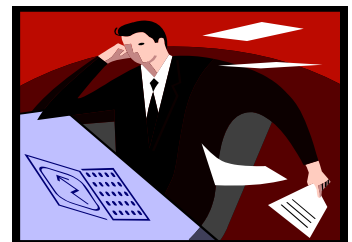
Will changes apply to EP(s) or to all professionals?

When will changes be implemented?

How will changes be monitored?

Who will manage the change process?

Who are your key change agents?



Assess Your Readiness

Do you have staff with Data Analysis and Reporting expertise?

Assess current skills

Will additional training be required?

Will these functions be outsourced?

Does/Will your EHR system provide automated reports relevant to MU?



Assess Your Readiness

Does agency have staff with Project Management skills?

Implementation of a certified EHR

Subject matter expert on MU

Lead readiness assessment and gap analysis

Ensure adoption of MU in clinical practice and administrative operations





Useful Links

"To Enrich Lives Through Effective And Caring Service"

USEFUL LINKS

- CMS Meaningful Use Website:

<http://www.cms.gov/EHRIncentivePrograms/>

- CMS EHR Incentive Program ListServ:

http://www.cms.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp

- CMS Meaningful Use Measures:

<http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

- Medi-Cal Incentive Program:

<http://www.medi-cal.ehr.ca.gov/>



USEFUL LINKS

➤ HITEC-LA:

<http://www.hitecla.org/>

➤ COREC (Orange County):

<http://www.caloptima.org/>

➤ Certified EHR Software:

<http://onc-chpl.force.com/ehrcert>

➤ Senate Bill S539 Text:

<http://www.opencongress.org/bill/112-s539/text>



Questions



Contract Provider Technological Needs Project Unit: Status Report

As of 5/31/2011

PROPOSALS & PROJECTS

- Projects Approved 30
- Average Review Time (days) 8
- Submissions at Level 1 13
- Submissions at Level 2 4
- Agencies submitting projects 52

FUNDING AGREEMENTS

- Funding Agreements Executed 26
- Funding Agreement Pending Execution 3
- Project Approval to Execution (days - 2010) 25
- Project Approval to Execution (days – 2011) 17

BUSINESS PROCESSES: REVIEW TIMES (RECEIPT TO REPLY)

- Invoices 8 days
- Change Notices 6 days
- Qtly Status Reports 5 days
- Asset Reports 7 days